

7011 0110 0000 4008 5914

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To **Kirk Reinke - IMI**
 Street, Apt. No., or PO Box No. **1440 Selinda Ave.**
 City, State, ZIP+4 **Louisville, KY 40213**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Kirk Reinke, Env. Manager
imi South LLC
1440 Selinda Ave
Louisville, KY 40213

2. Article Number
 (Transfer from service label) **7011 0110 0000 4008 5914**

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X Harry Wood** ☐ Agent ☐ Addressee

B. Received by (Printed Name) **Harry Wood** C. Date of Delivery **8/13/12**

D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No **JEF**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540